

PTO/SB/122 (08-03)

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| CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450. | | Application Number | | 10/045,257 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Filing Date | | October 25, 2001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | First Named Inventor | | Ernst-Michael Hamann | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Art Unit | | 2182 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Examiner Name | | Alan S. Chen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Attorney Docket Number | | DE920000075US1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please change the Correspondence Address for the above-identified patent application to: _____ Customer Number: 54856 OR <table border="1"> <tr> <td colspan="6">Firm or Individual Name</td> </tr> <tr> <td colspan="6">Address</td> </tr> <tr> <td colspan="6">Address</td> </tr> <tr> <td colspan="2">City</td> <td colspan="2">State</td> <td colspan="2">Zip</td> </tr> <tr> <td colspan="6">Country</td> </tr> <tr> <td colspan="3">Telephone</td> <td colspan="3">Fax</td> </tr> </table> | | | | | | Firm or Individual Name | | | | | | Address | | | | | | Address | | | | | | City | | State | | Zip | | Country | | | | | | Telephone | | | Fax | | |
| Firm or Individual Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Typed or Printed Name Louis P. Herzberg Signature <i>Louis Herzberg</i> Date July 11, 2005 Telephone 914-945-2886 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. _____ Total of _____ forms are submitted. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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